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|   |   |   |   | Claire Wi   |   |   | (Depositor's name)   |
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|   |   |   |   | June 24,  | 2008  | $\sigma$  | (Date)   |
| APPLICATION NO.   | FILING DATE   |   | FIRST NAMED INVENTO   |   | ATTORN  | EY DOCKET NO.   | CONFIRMATION NO.   |
| 10/804,331  | 03/19/2004  | Jonathan F. Smith   |   |   | 9368-5  | 7017  |  |
| TITLE OF INVENTION:   | ***************************************   |   |   |   |   |   |  |
| APPLN. TYPE   | SMALL ENTITY  | ISSUE FEE DUE   | PUBLICATION FEE DUE   | PREV. PAID IS   | SSUE FEE  | OTAL FEE(S) DUE   | DATE DUE   |
| nonprovisional  | NO  | \$1440  | \$300   | \$0   |   | \$1740  | 07/22/2008   |
| EXAMINER  |   | ART UNIT  | CLASS-SUBCLASS  | _   |   |   |  |
| BLUMEL, BENJAMIN P 1648   |   |   | 424-218100  |   |   |   |  |
| ☐ "Fee Address" indi-   | nce address or indication<br>ondence address (or Cha<br>1/122) attached.<br>cation (or "Fee Address<br>or more recent) attach | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Myers Bigel Sibley & Sajovec, P.A. |   |   |   |   |  |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)   |   |   |   |   |   |   |  |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. |   |   |   |   |   |   |  |
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| AlphaVax,   | Inc.  | Research T  | earch Triangle Park, North Carolina   |   |   |   |  |
| Please check the appropri   | ate assignee category or  | categories (will not be p   | printed on the patent):   | Individual K  | Corporation   | or other private gro  | oup entity Government  |
| 4a. The following fee(s) a  | re submitted:   | b. Payment of Fce(s): (Ple  | f Fcc(s): (Please first reapply any previously paid issue fee shown above)  |   |   |   |  |
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| Typed or printed name   | Mary L. Mil   | Registration No. 39,303   |   |   |   |   |  |
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